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## BIB DATA SHEET

CONFIRMATION NO. 4270

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT          | ATTORNEY DOCKET<br>NO.                                       |                     |                           |
|---|---|--|-------------------------|--|---------------------|---------------------------|
| 10/532,369  | 04/20/2005  | 530  | 1641                    | PU0284   |                     |                           |
| <b>RULE</b>   |   |  |                         |  |                     |                           |
| <b>APPLICANTS</b><br>Andreas Axen, Uppsala, SWEDEN;<br>Herbert Baumann, Uppsala, SWEDEN;<br>Enrique Carredano, Uppsala, SWEDEN;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/SE03/01435 09/12/2003<br><b>** FOREIGN APPLICATIONS *****</b><br>SWEDEN 0203226-6 10/31/2002<br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>04/28/2006 |   |  |                         |  |                     |                           |
| Foreign Priority claimed  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Met after Allowance | <b>STATE OR COUNTRY</b> | <b>SHEETS DRAWINGS</b>                                       | <b>TOTAL CLAIMS</b> | <b>INDEPENDENT CLAIMS</b> |
| 35 USC 119(a-d) conditions met  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  | SWEDEN                  | 11   | 19                  | 3                         |
| Verified and  | /CHRISTINE E FOSTER/  |  |                         |  |                     |                           |
| Acknowledged  | Examiner's Signature  |  |                         |  |                     |                           |
| <b>ADDRESS</b><br>GE HEALTHCARE BIO-SCIENCES CORP.<br>PATENT DEPARTMENT<br>800 CENTENNIAL AVENUE<br>PISCATAWAY, NJ 08855<br>UNITED STATES   |   |  |                         |  |                     |                           |
| <b>TITLE</b><br>Immunoglobulin g binding pocket   |   |  |                         |  |                     |                           |
| <b>FILING FEE RECEIVED</b><br>2280  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  |                         | <input type="checkbox"/> All Fees                            |                     |                           |
|   |   |  |                         | <input type="checkbox"/> 1.16 Fees (Filing)                  |                     |                           |
|   |   |  |                         | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                     |                           |
|   |   |  |                         | <input type="checkbox"/> 1.18 Fees (Issue)                   |                     |                           |
|   |   |  |                         | <input type="checkbox"/> Other _____                         |                     |                           |
| <input type="checkbox"/> Credit   |   |  |                         |  |                     |                           |